

State of Nevada
Board of Cosmetology
1785 E. Sahara, #255
Las Vegas, NV 89104
Phone (702) 486-6542
Fax (702) 369-8064



State of Nevada
Board of Cosmetology
4600 Kietzke Lane Bldg K Suite 221
Reno, NV 89502
Phone (775) 688-1442
Fax (775) 688-1441

Continuing Education Provider Program

The Continuing Education Provider Program is designed to ensure that high quality and appropriate continuing education opportunities are available for instructors licensed by the Nevada State Board of Cosmetology. Further, the courses that are approved by the Board allow licensed instructors the opportunity to acquire the continuation education hours necessary to meet the requirement for renewing their license.

Being an approved provider of the program gives providers credibility in the cosmetology industry. It signifies to consumers that your program has met the high standards set forth by the Nevada State Board of Cosmetology.

The Board is working hard to help the industry raise the public's image of the profession. In order to accomplish this, one of the important tasks for the Board in helping raise the public's image is to improve the training quality provided to instructors. Instructors can significantly raise the quality and the level of competency of students entering the market by improving their own knowledge and skills. By improving the Board's approaches to both initial and continuing instructor training the whole industry will ultimately benefit.

Once approved, your program will be added to the Board's list of approved training courses that is made available to the public through the Board's website. Please fill out the attached form. Please be sure to include a resume for each instructor and a course outline with the number of hours for each topic being taught. Inclusion of this information will expedite the handling of your request.

For additional information, you can call the Nevada State Board of Cosmetology at (702) 486-6542 in Southern Nevada and (775) 688-1442 in Northern Nevada.

CEU Provider Application

Please Print or Type

Today's Date: _____

Submit to: Nevada Board of Cosmetology
1785 E. Sahara Ave #255
Las Vegas, NV 89104

Date of Training: _____
(If applicable)

1. Name of the organization/institution sponsoring this activity:

2. Name of the official contact person for this activity:

First _____ MI _____ Last _____

3. Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal code: _____

4. Phone/Fax/E-mail/Web site: Daytime phone: (____) _____ Fax: (____) _____

Email address: _____ Website: _____

5. Title of this training: _____

6. Location(s) where this training will be conducted (City and State/Province required):

7. Future training dates: _____

8. Number of training hours (excluding breaks): _____

9. Please attach a brochure/flyer for your training (showing date, time, session titles), and hour-by-hour schedule with session descriptions and the presenter(s) résumé(s). (If you are hosting Multiple or Repeat Events, make sure your attachment includes all known dates and locations which your event will be offered.)

10. State the specific educational goals of your training with respect to the Cosmetology industry and/or the education of Cosmetology Instructors:
